PTO/SB/17 (01-06)
Approved for use through 7/31/2006. OMB 0651-0032
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Fees pursuant to the College and a	Complete if Known								
FEE TRANSMITTAL For FY 2006				Application Number 10/672,			921		
				Filing Date		September 26, 2003			
				First Named Inventor		David WOODHOUSE			
						WOOD, W.H.			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		2193			
TOTAL AMOUNT OF PAYMENT (\$) 450.00				Attorney Docket No. 113715.142 US			JS1		
METHOD OF PAYMEN	T (check all t	hat apply)			· · · · · · · · · · · · · · · · · · ·				
			— ,,			• • • •			
Check Credit (ard N	Ioney Order	Non	e Other (please ident	iity):			
X Deposit Account Depo	sit Account Numb	_{er:} 08-0219	Deposit Acc	ount Name: Wil	mer Cutle	er Pickering H	lale and Doi	r LLP	
For the above-iden	tified deposit	account, the [Director is	hereby authorize	ed to: (chec	k all that apply	')		
x Charge fee(s) indicated be	low		Charge	e fee(s) inc	dicated below,	except for th	e filing fee	
X Charge any a			yment of	x Credit	any overpa	ayments			
fee(s) under				<u> </u>	·	·			
FEE CALCULATION (A				filing or may	be subje	ct to a surch	narge.)		
1. BASIC FILING, SEARCI		MINATION FE G FEES		ARCH FEES	EVALAIN	ATION FEES			
	FILIN	Small Entity	SEA	Small Entity		Small Entity	-		
Application Type	Fee (\$)	Fee (\$)	Fee (\$		Fee (\$)	Fee (\$)	Fees P	aid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300 200	150 100	500 0	250	600	300			
Provisional 2. EXCESS CLAIM FEES	200	100	U	0	0	0		Small Entit	
Fee Description							Fee (\$)	Small Entit Fee (\$)	
Each claim over 20 (includ	ing Reissues))					50	25	
Each independent claim ov	er 3 (includir	g Reissues)					200	100	
Multiple dependent claims							360	180	
Total Claims Extra	Claims F	ее (\$)	Fee P	Paid (\$) <u>Multiple Dependent Claims</u>			,		
LID - bishest sum as of total slain	x	0 = _			<u>Fe</u>	<u>e (\$)</u>	Fee Paid (\$)	<u>l</u>	
HP = highest numer of total claim			Eoo E	aid (\$)				-	
Indep. Claims Extra	Claims F	ee (\$) 0 =	reer	aid (\$/					
HP = highest numer of independ	lent claims paid	or, if greater that	n 3.						
3. APPLICATION SIZE FE								_	
If the specification and dr									
listings under 37 CFR sheets or fraction there					or small er	itity) for each	additional 50	1	
	xtra Sheets			dditional 50 or frac	ction thereo	f Fee (\$)	Fee P	aid (\$)	
		/50		(round up to a who	ole number)	x	=		
4. OTHER FEE(S)							Fees I	Paid (\$)	
Non-English Specificat	ion, \$130 fe	e (no small er	ntity disco	ount)					
Other (e.g., late filing st	ırcharge):	Petition	for Exter	sion of time for	r two mon	ths	450	0.00	
SUBMITTED BY				Registration No.	42,704	Telephone	202.663	6000	
SUBMITTED BY Signature	18/ Ka	~~		(Attorney/Agent)					

PTO/SB/22 (12-04)
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PETITION EXTENSION OF TIME UNDER	Docket Number (Optional)			
FY 2005 (Fees pursuant to the Consolidated Appropriations Ac	1137	'15.142 US1		
Application Number 10/672,92		Filed S	eptember 26, 2003	•
		<u> </u>	· · · · · · · · · · · · · · · · · · ·	1,
For SOFTWARE AND DATA FILE UPDATING I	PROCESS			\
Art Unit 2193	-	Examiner	W. H. Wood	
This is a request under the provisions of 37 CFR 1.	136(a) to extend the	period for filing a r	eply in the above	
identified application. The requested extension and fee are as follows (ch	neck time period desi	red and enter the a	appropriate fee below):	
	Fee	Small Entity Fe	<u>e</u>	
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$	
X Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ 450.00	
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
Applicant claims amall outils status. Soc 37	CED 1 27			
Applicant claims small entity status. See 37				
A check in the amount of the fee is enclosed				
Payment by credit card. Form PTO-2038 is				
X The Director has already been authorized to	charge fees in this a	application to a De	posit Account.	
The Director is hereby authorized to charge Deposit Account Number 08-0219		be required, or cre osed a duplicate co		
Deposit Account Number 06-0219	Thave encir	osed a duplicate of	ppy of this sheet.	
I am the applicant/inventor.				
assignee of record of the en Statement under 37 CFF			6).	
x attorney or agent of record.			<u>.</u>	
attorney or agent under 37 0	CFR 1.34.			
Registration number if acting				
Murskeh		June	26, 2006 (A	raide
Signature			Date	0
Anthony Kahng	202.663.6000 Telephone Number			
Typed or printed name	and interest of their	•		
NOTE: Signatures of all the inventors or assignees of record of the than one signature is required, see below.	ne entire interest or their repr	esentative(s) are required	. Submit multiple forms it more	
Total of forms are subr	nitted.	06/27/2006 J	ADDO1 00000067 106729	21
		01 FC:1252	450.00 DA	